Using Advances in Prevention Science to Promote the Healthy Development of Young People

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History of Delinquency Prevention in the U.S.

- **Before 1980, nine experimental tests of delinquency prevention programs were conducted in the U.S.**

  - **NONE found desired effects in preventing delinquency. (Berleman, 1980)**

Early Drug Abuse Prevention Research Findings

- **Tested approaches were largely ineffective (Elmquist, 1995; Hanson, 1992; Moskowitz, 1989).**

- **Drug information programs *increased* drug use in some studies (Tobler, 1986).**

The Premise of Prevention Science

To prevent a problem before it happens, the factors that predict the problem must be changed.

Two Major Advances in Prevention Science

- **Identification of predictors of adolescent health and behavior problems as targets for preventive intervention.**

- **Identification of tested and effective preventive interventions.**

Advances in Prediction

- **Longitudinal studies have identified predictors of aolescent health and behaviour problems-**

  Risk factors.

- **AND predictors of positive outcomes including avoidance of health risk behaviors-**

  Promotive and protective factors.

Risk Factors for Adolescent Problem Behaviors

Risk Factors	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence	Depression & Anxiety
Community						
Availability of Drugs	✓				✓	
Availability of Firearms		✓			✓	
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	✓	✓			✓	
Media Portrayals of Violence					✓	
Transitions and Mobility	✓	✓		✓		✓
Low Neighborhood Attachment and Community Disorganization	✓	✓			✓	
Extreme Economic Deprivation	✓	✓	✓	✓	✓	

Risk Factors for Adolescent Problems

| Risk Factors	Substance Abuse	Delinquency
Family		
Family History of the Problem Behavior	✓	✓
Family Management Problems	✓	✓
Family Conflict	✓	✓
Favorable Parental Attitudes and Involvement in the Problem Behavior	✓	✓
School		
Academic Failure Beginning in Late Elementary School	✓	✓
Lack of Commitment to School	✓	✓
Individual/Peer		
Early and Persistent Antisocial Behavior	✓	✓
Alienation and Rebelliousness	✓	✓
Friends Who Engage in the Problem Behavior	✓	✓
Favorable Attitudes Toward the Problem Behavior	✓	✓
Early Initiation of the Problem Behavior	✓	✓
Constitutional Factors	✓	✓

Family

School

Individual/Peer

Promotive and Protective Factors

- **Individual Characteristics**
  - **High Intelligence**
  - **Resilient Temperament**
  - **Competencies and Skills**
- **In social domains of family, school, peer group and neighborhood**
  - **Prosocial Opportunities**
  - **Reinforcement for Prosocial Involvement**
  - **Bonding (connectedness, attachment)**
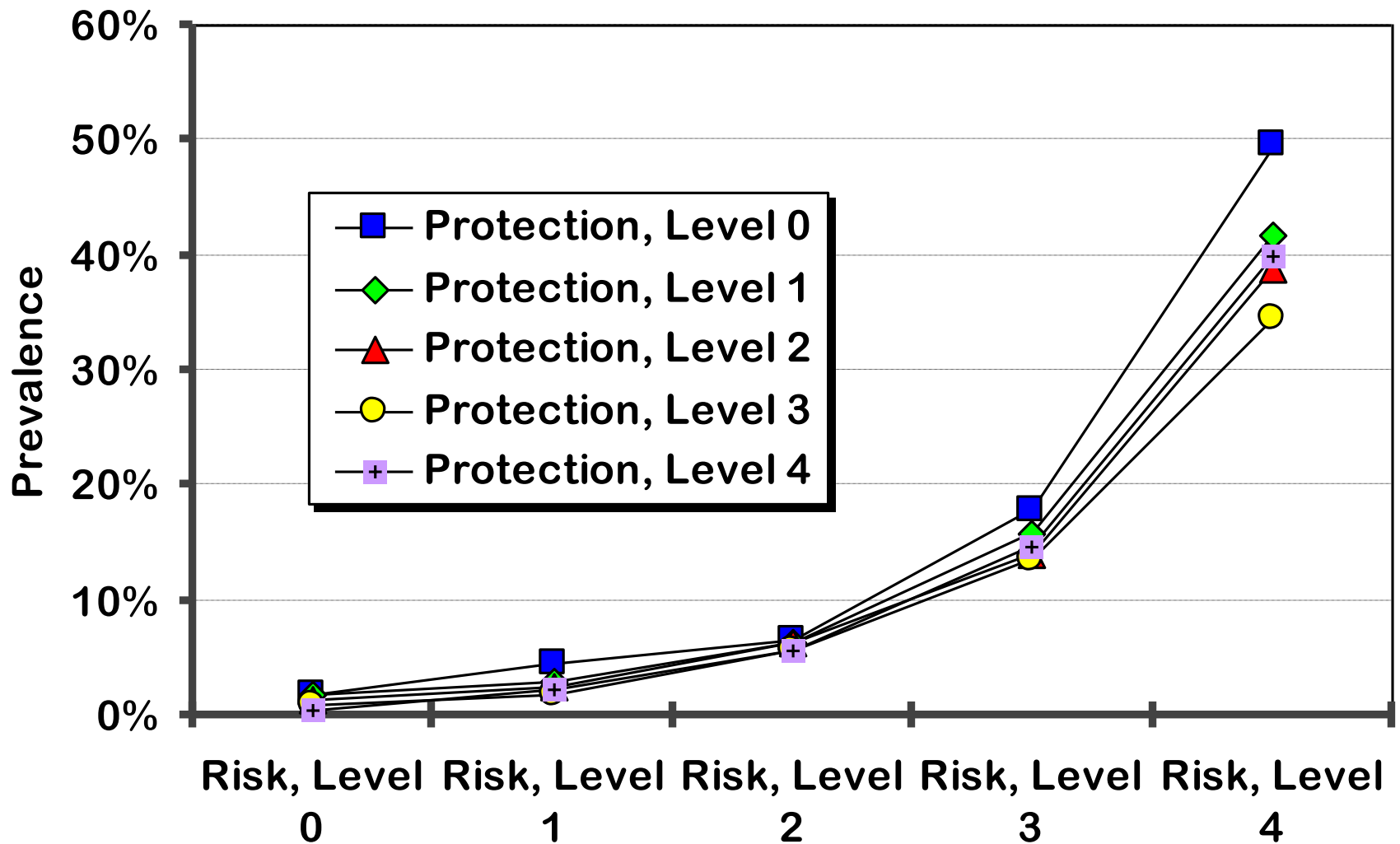 - **Clear and Healthy Standards for Behavior**

# Prevalence of Illicit Drug Use
(Past 30 Days)
By Exposure to Risk and Protective Factors

Six State Student Survey of 6th - 12th Graders, Public School Students
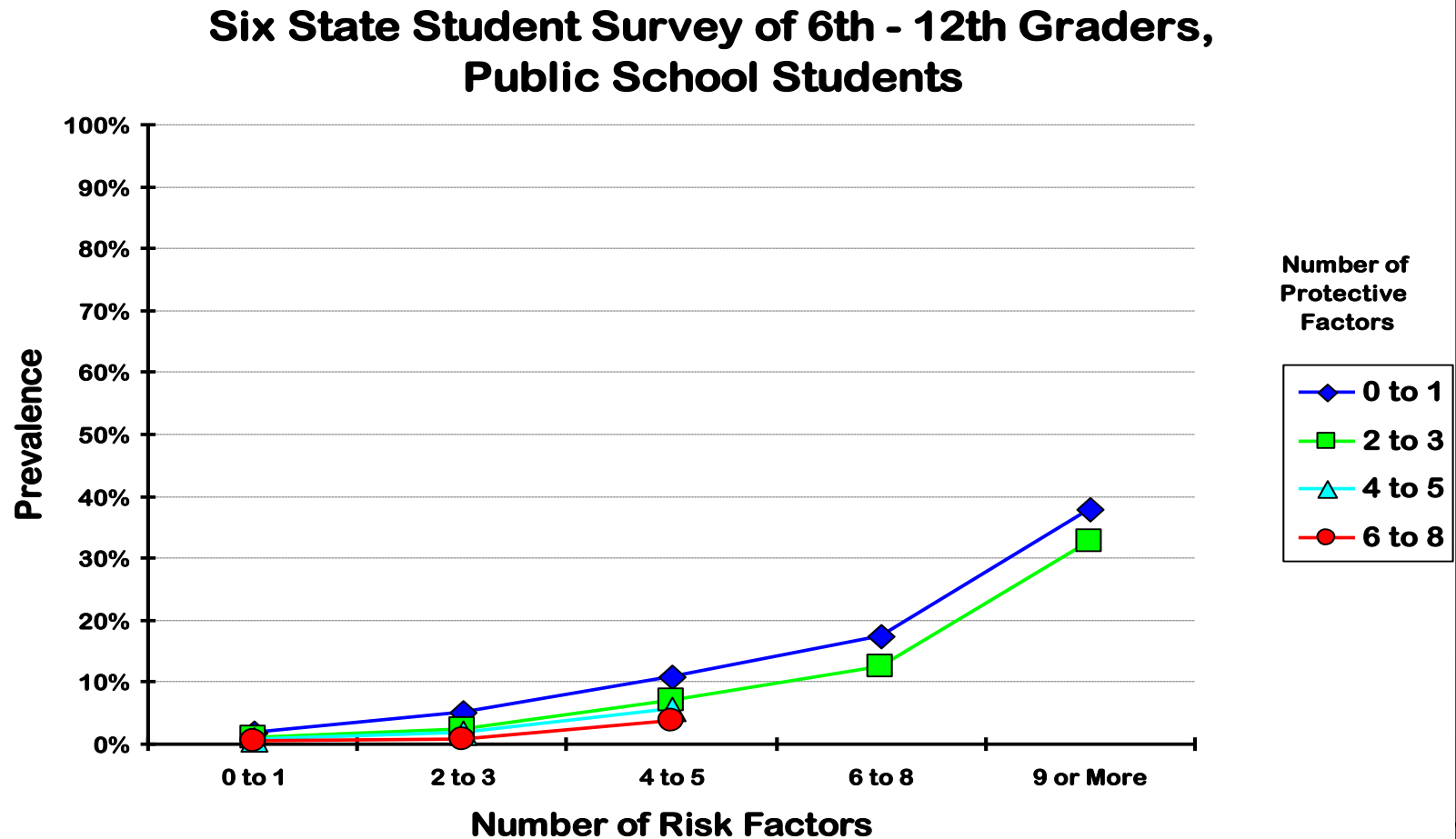
Prevalence of "Attacked to Hurt"
By Risk and Protection Levels

Prevalence of Academic Success
By Number of Risk and Protective Factors

Six State Student Survey of 6th-12th Graders, Public School Students

Number of Protective Factors

- ◆ 0 to 1
- ■ 2 to 3
- ▲ 4 to 5
- ● 6 to 7
- ✳ 8 to 9

Prevalence

Number of Risk Factors
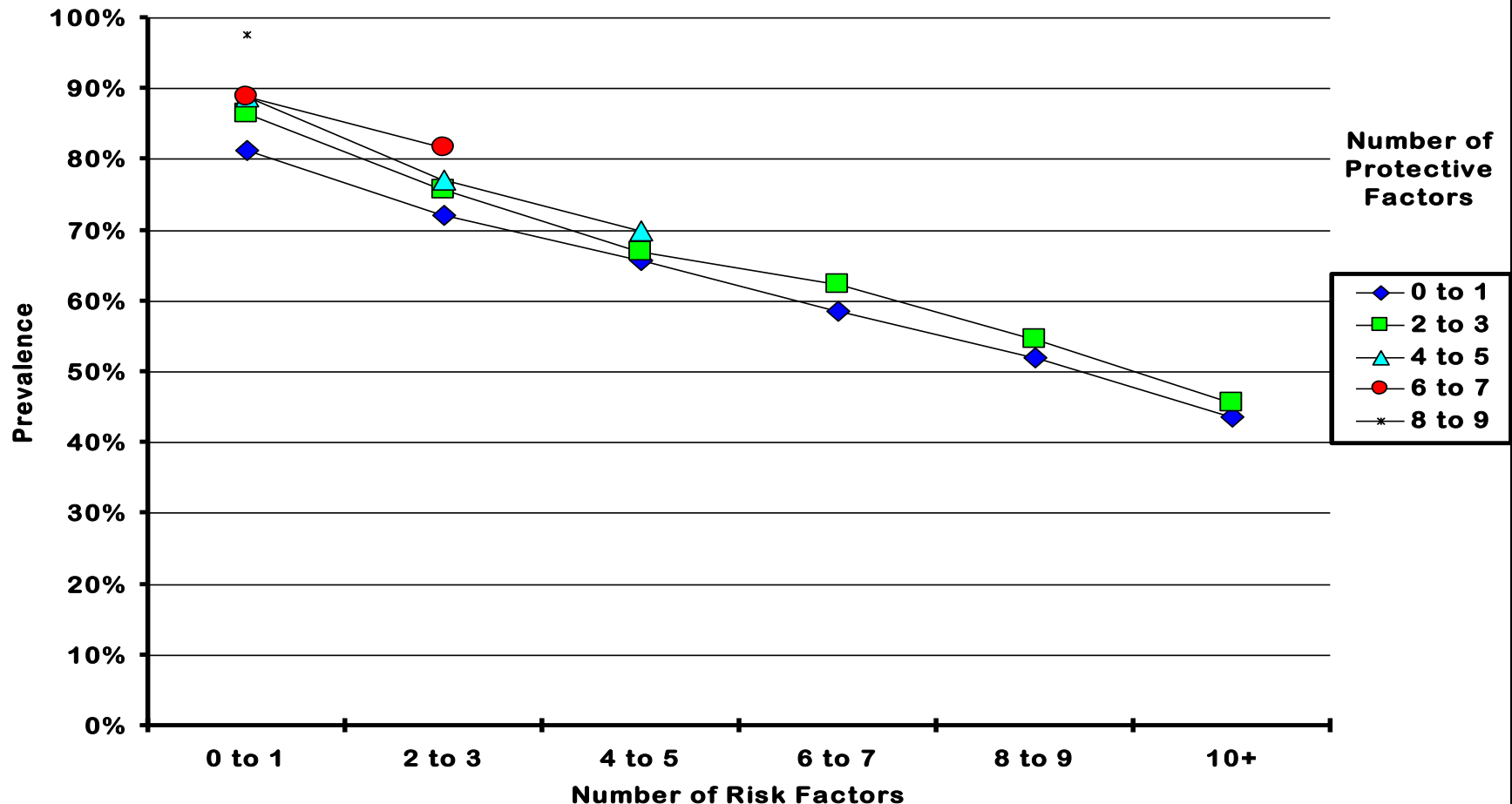
Research Guiding Practice

Malleable risk and protective factors identified through longitudinal studies should be targeted by preventive interventions.

(Coie et al., 1994; Woolf, 2008; O'Connell, Boat & Warner, 2009)

Advances in Prevention

Controlled studies have identified both ineffective and effective prevention and youth development policies and programs.

Ineffective Strategies
National Institute of Justice

- Didactic programs targeted on arousing fear (e.g. *Scared Straight*).
- D.A.R.E.
- Peer counseling programs.
- Segregating problem students into separate groups.
- After school activities with limited supervision and absence of more potent programming.
- Summer jobs programs for at-risk youth.

National Institute of Justice, 1998

Effective Programs and Policies Have Been Identified in a Wide Range of Areas

1. Prenatal & Infancy Programs
2. Early Childhood Education
3. Parent Training
4. After-school Recreation
5. Mentoring with Contingent Reinforcement
6. Youth Employment with Education
7. Organizational Change in Schools
8. Classroom Organization, Management, and Instructional Strategies
9. School Behavior Management Strategies
10. Curricula for Social Competence Promotion
11. Community & School Policies
12. Community Mobilization

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(Hawkins & Catalano, 2004)

Seattle Social Development Project: A Test of the Raising Healthy Children Program

Description: Promotes bonding to school and family by increasing youths' opportunities, skills and recognition for prosocial involvement at school and home.

Target: Grades 1-6 (ages 6-12)

Risk Factors Addressed By the Raising Healthy Children Program

Risk Factors	Substance Abuse	Delinquency
Family		
Family History of the Problem Behavior	✓	✓
Family Management Problems	✓	✓
Family Conflict	✓	✓
Favorable Parental Attitudes and Involvement in the Problem Behavior	✓	✓
School		
Academic Failure Beginning in Late Elementary School	✓	✓
Lack of Commitment to School	✓	✓
Individual/Peer		
Early and Persistent Antisocial Behavior	✓	✓
Alienation and Rebelliousness	✓	✓
Friends Who Engage in the Problem Behavior	✓	✓
Favorable Attitudes Toward the Problem Behavior	✓	✓
Early Initiation of the Problem Behavior	✓	✓
Constitutional Factors	✓	✓

Family
- X Family Management Problems
- X Family Conflict
- X Favorable Parental Attitudes and Involvement in the Problem Behavior

School
- X Academic Failure Beginning in Late Elementary School
- X Lack of Commitment to School

Individual/Peer
- X Early and Persistent Antisocial Behavior
- X Friends Who Engage in the Problem Behavior
- X Favorable Attitudes Toward the Problem Behavior
- X Early Initiation of the Problem Behavior

- **Raising Healthy Children is guided by the**
Social Development Strategy
(Hawkins & Weis, 1985; Catalano & Hawkins, 1996)
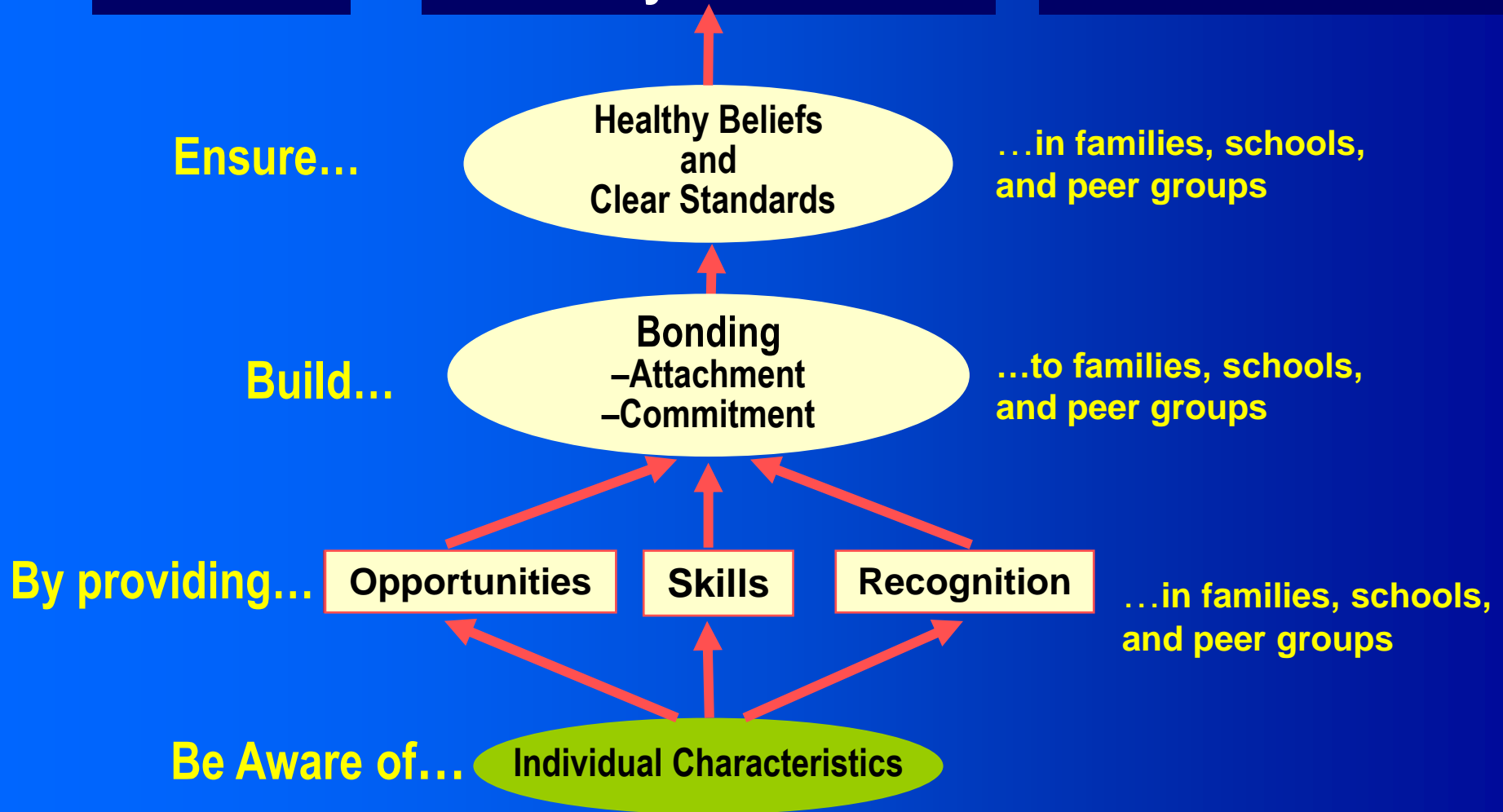
Social development in a parent child interaction

Parent-Child Interaction Coded for

Opportunities
Involvement
Rewards
Bonding, etc.

Core components

- *Teacher In-Service Training*

- *Parent Workshops*

- *Child Social, Cognitive and Emotional Skills Training*

SSDP Intervention Design

- Initiated full intervention and control conditions in 1981 in 8 Seattle elementary schools.

- Expanded in 1985 to 18 Seattle elementary schools to add a late intervention condition, a parent training only condition, and additional control students.

- Quasi-experimental study

  Full treatment (grades 1-6) = 149

  Late treatment (grades 5-6) = 243

  Control = 206

  Parent training only (grades 5-6) = 210

SSDP: Gender, Ethnicity & SES

Male, 51%

Female, 49%

Native-American, 5%

Asian-American, 22%

European-American, 47%

African-American, 26%
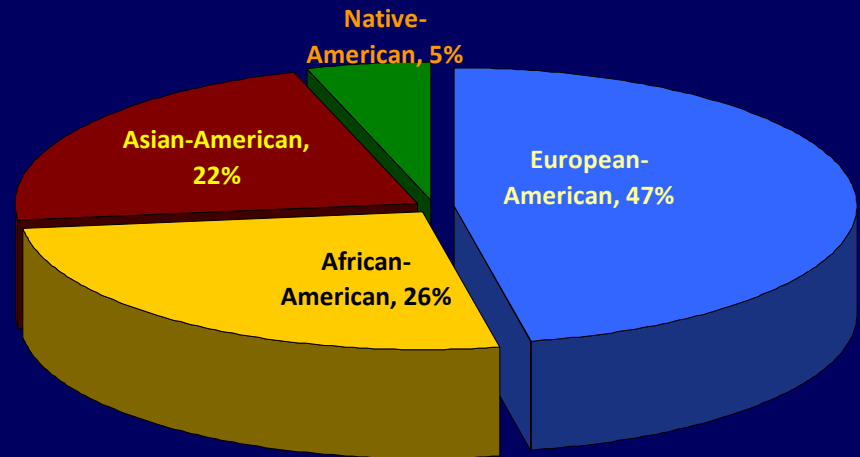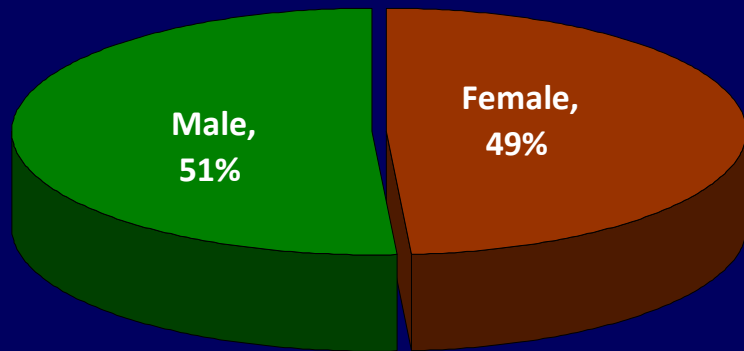
Of these about 5% were Hispanic

Not, 48%

Free/ Reduced Lunch, 52%
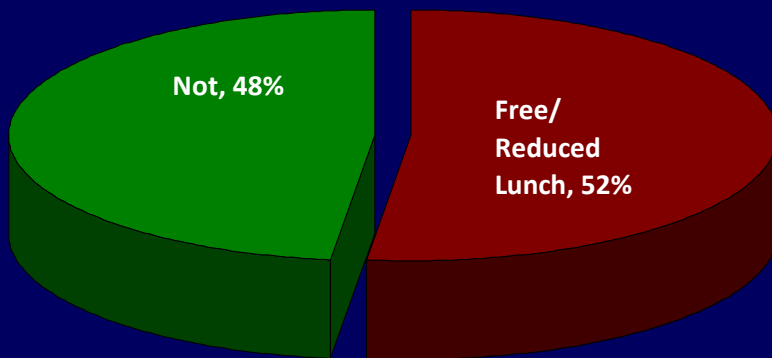
SES: Eligible for free/reduced lunch (5th, 6th or 7th grades)

SSDP Panel Retention

Data have been collected on these Seattle youths and their parents from 1985 to 2006 (age 30).

	Elementary			Middle		High				Adult			
MEAN AGE G2	10	11	12	13	14	15	16	(17)	18	21	24	27	30
N	808	703	558	654	778	783	770	--	757	766	752	747	719
%		87%	69%	81%	96%	97%	95%	--	94%	95%	93%	93%	91%

Interview completion rates for the sample have remained above 90% since 1989, when subjects were 14 years old.

SSDP Intervention Effects Compared to Controls

At the end of the 2nd grade
- boys less aggressive
- girls less self-destructive

By the start of 5th grade, those in the full intervention had
- less initiation of alcohol
- less initiation of delinquency
- better family management
- better family communication
- better family involvement
- higher attachment to family
- higher school rewards
- higher school bonding

Late Tx	Late Tx
Full Intervention	Full Intervention
Control	Control

Grade 1 2 3 4 5 6 7 8 9 10 11 12

Age 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

Hawkins, Von Cleve & Catalano   **Hawkins, Catalano et al. (1992)**
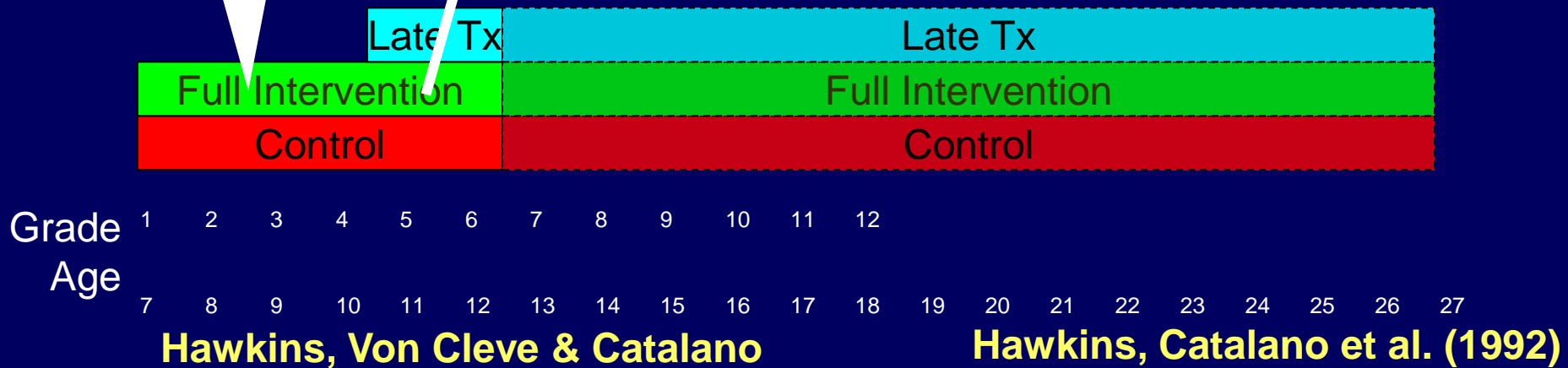
Seattle Social Development Project Effects at Age 12: California Achievement Test Scores
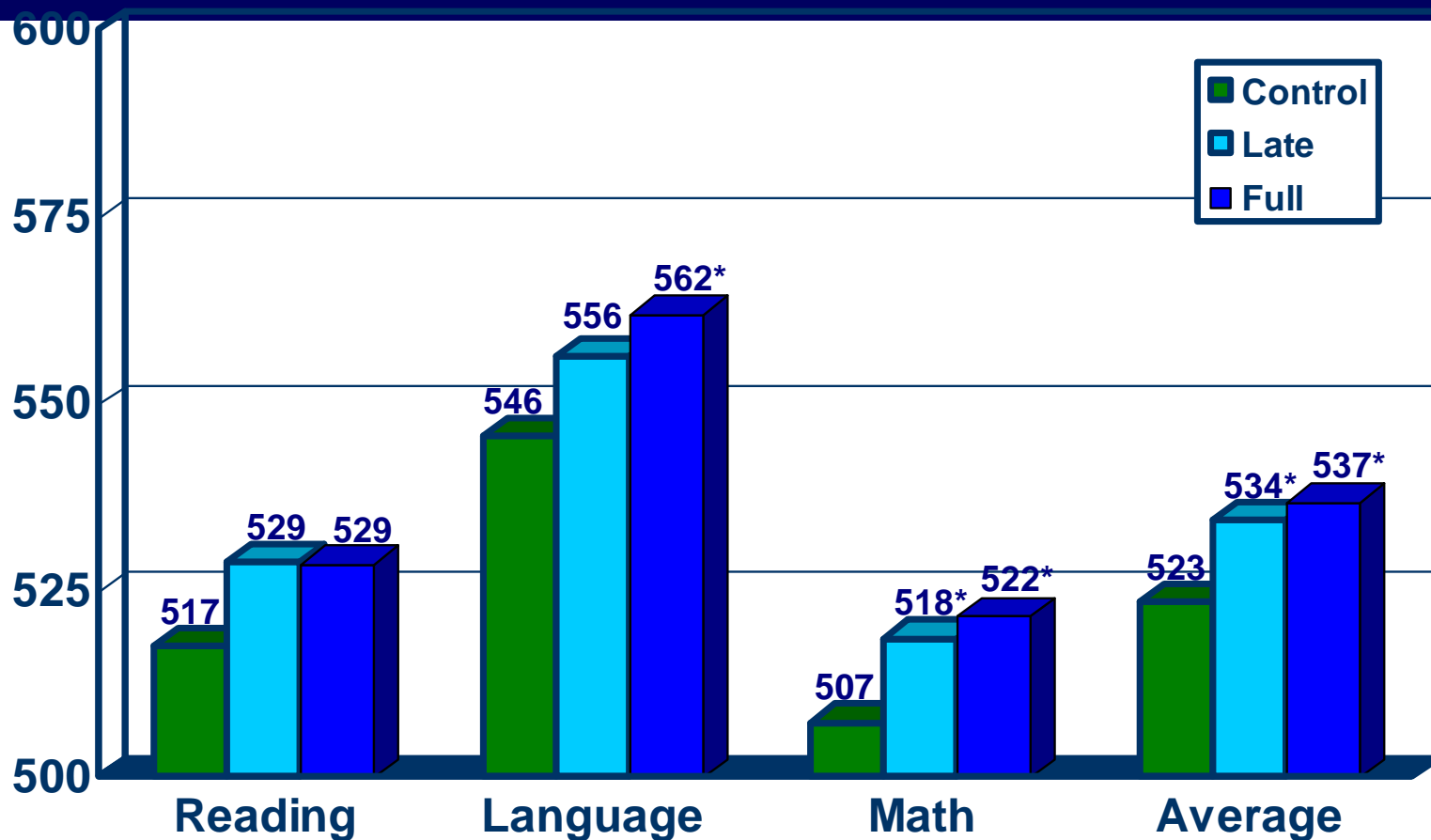
*p<.05 compared with controls; N = 548 to 551.

Effects of SSDP Intervention on School Bonding from Age 13 to 18
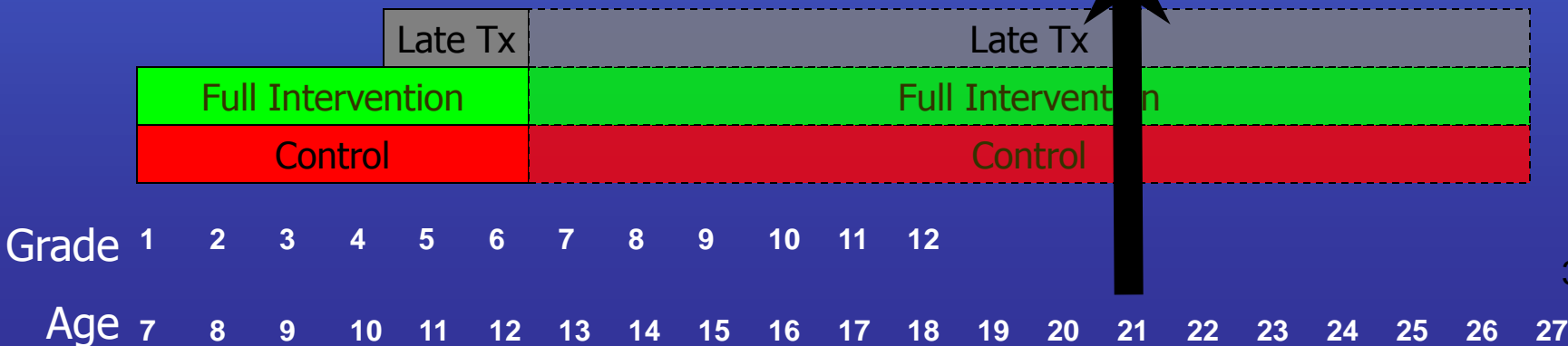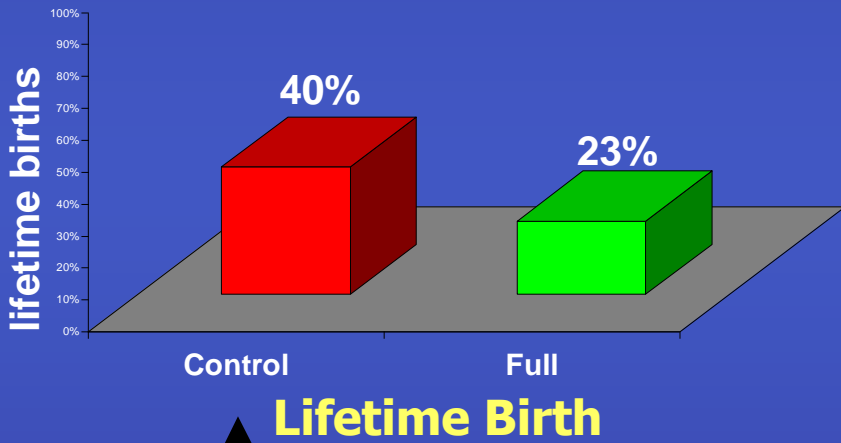

Hawkins, Guo, Hill, Battin-Pearson & Abbott (2001)
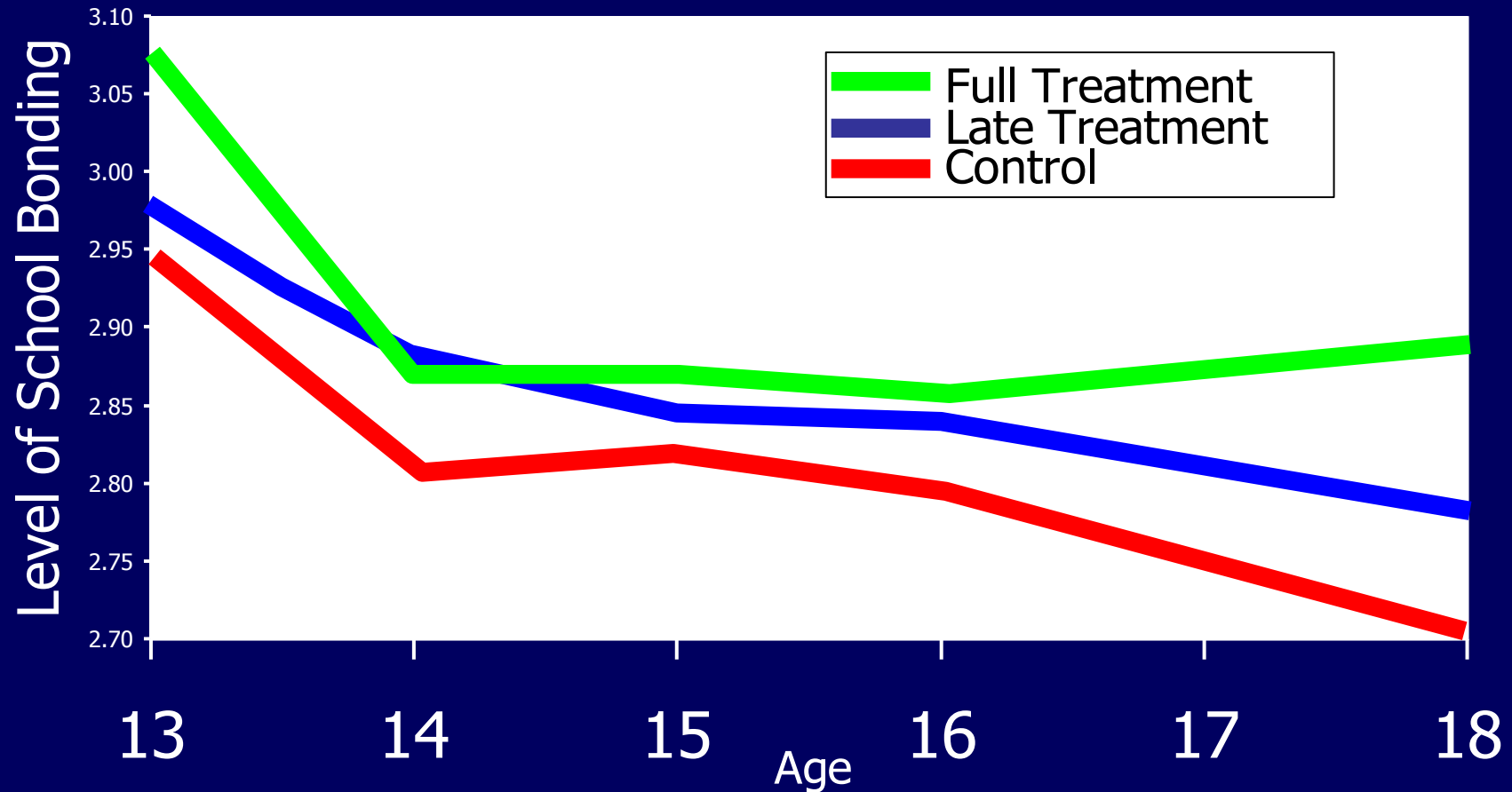
SSDP Intervention Effects Compared to Controls

By age 18 Youths in the Full Intervention had

- less heavy alcohol use
- less lifetime violence
- less lifetime sexual activity
- fewer lifetime sex partners
- improved school bonding
- improved school achievement
- reduced school misbehavior

By age 27, compared with controls, those in the full Tx had significantly better:

By age 21, compared with controls, those in the full Tx had significantly:

- better positive functioning at school or work
- better emotional and mental health
- more likely to have graduated high school
- more likely to be attending college
- less likely to have criminal record

Late Tx	Late Tx
Full Intervention	Full Intervention
Control	Control

Grade	1	2	3	4	5	6	7	8	9	10	11	12									
Age	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27

Hawkins, et al. (1999) Hawkins, et al. (2005) Hawkins, et al. (2008)
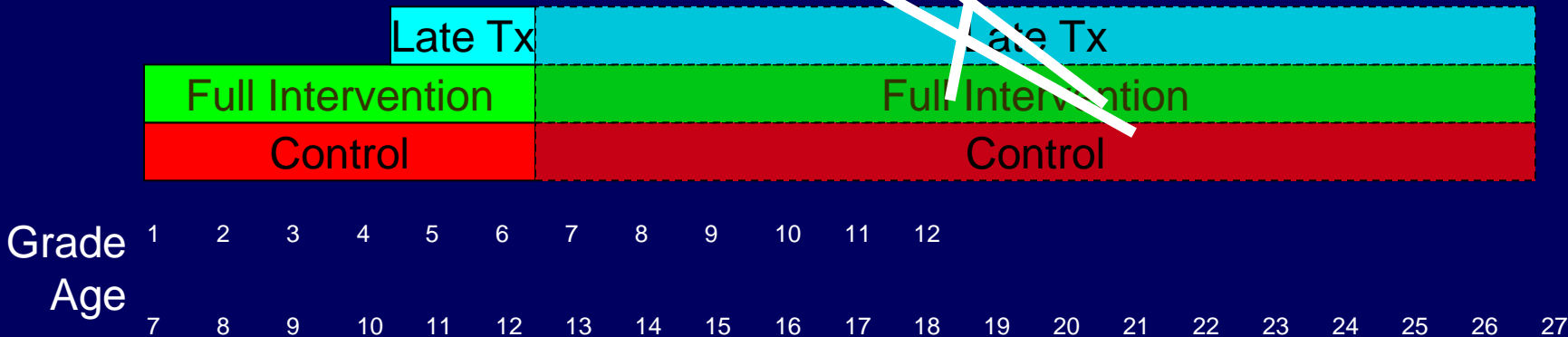
The Raising Healthy Children Program had effects on mental health outcomes at ages 24 and 27.

SSDP: *Proportion in 3 Conditions Who Met Criteria for GAD, social phobia, MDE, or PTSD diagnosis at ages 24 and 27*
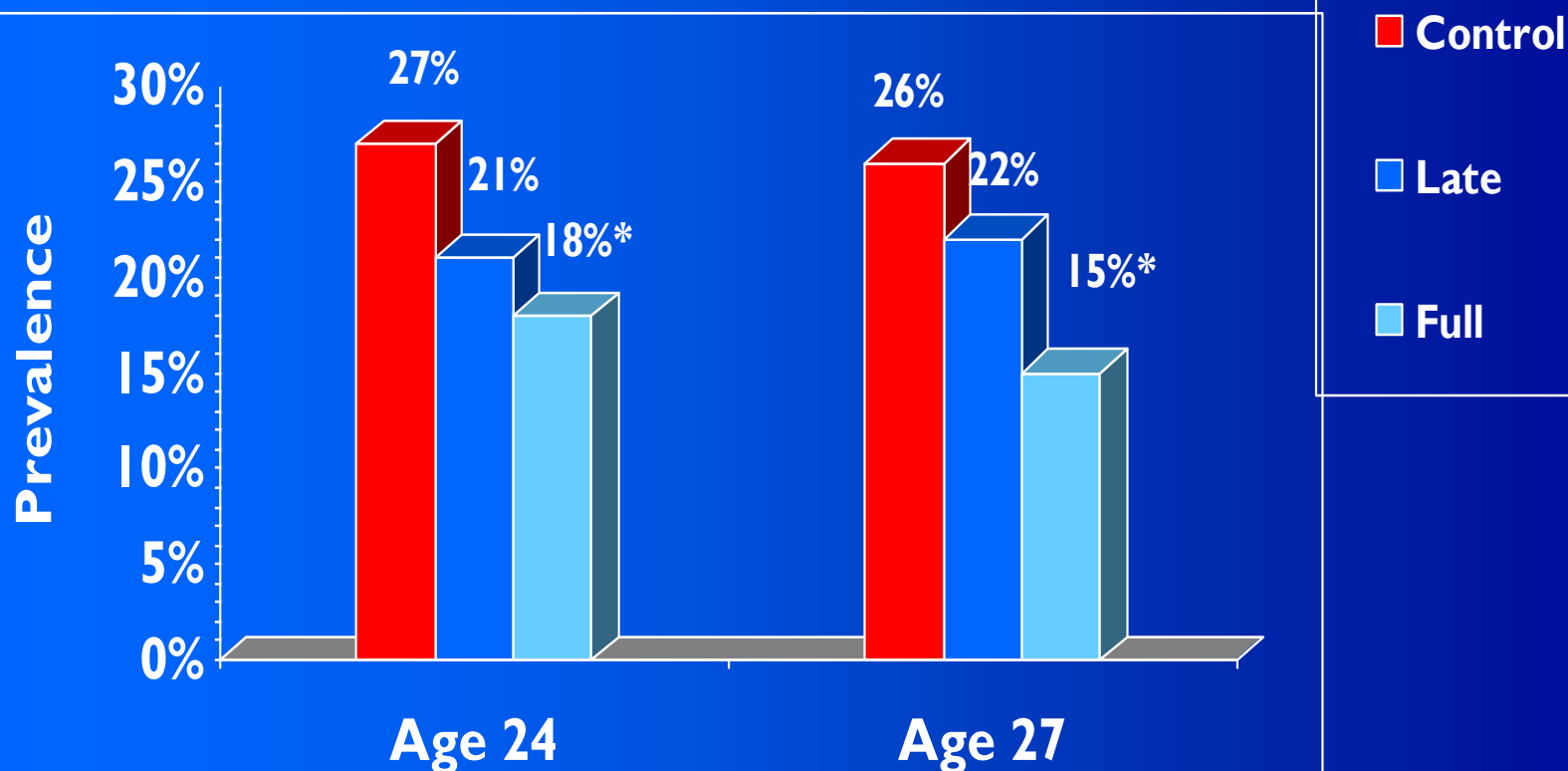
*p< .05

The Raising Healthy Children Program affected sexual risk behaviours
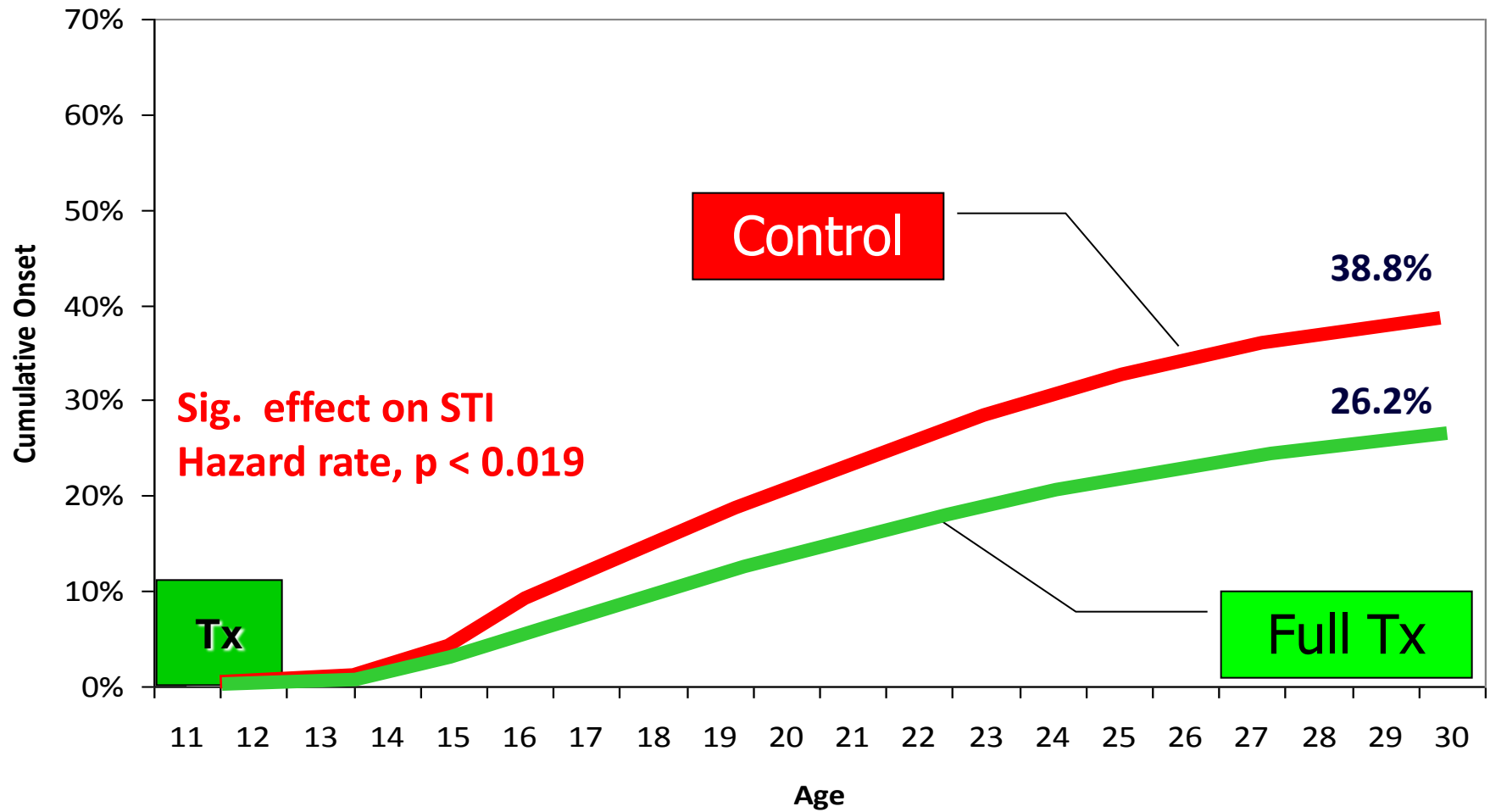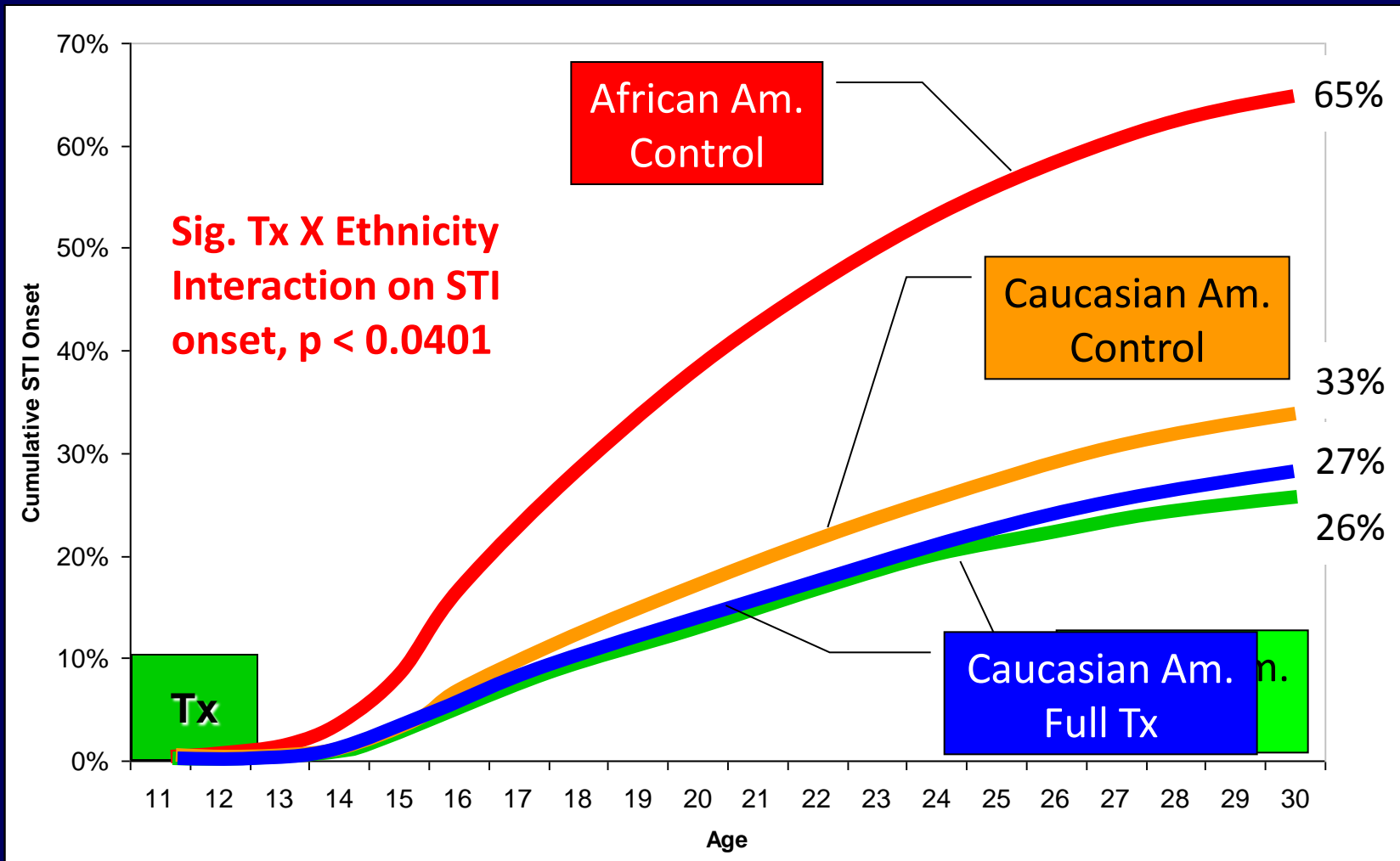
SSDP Intervention Effects Compared to Controls:
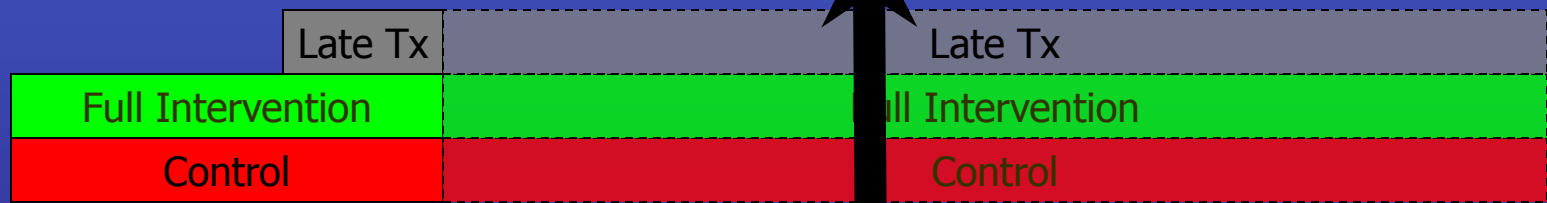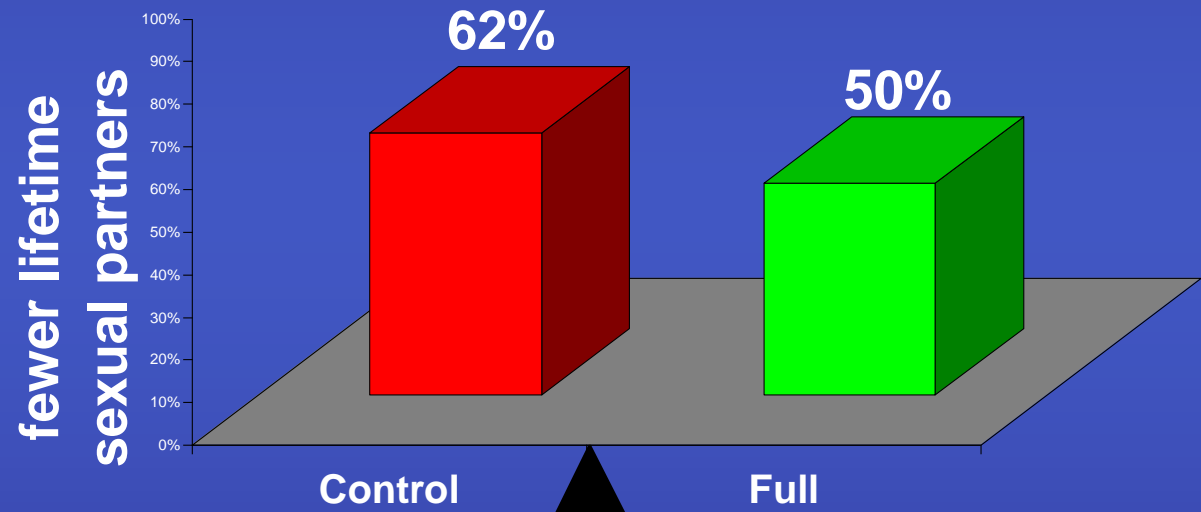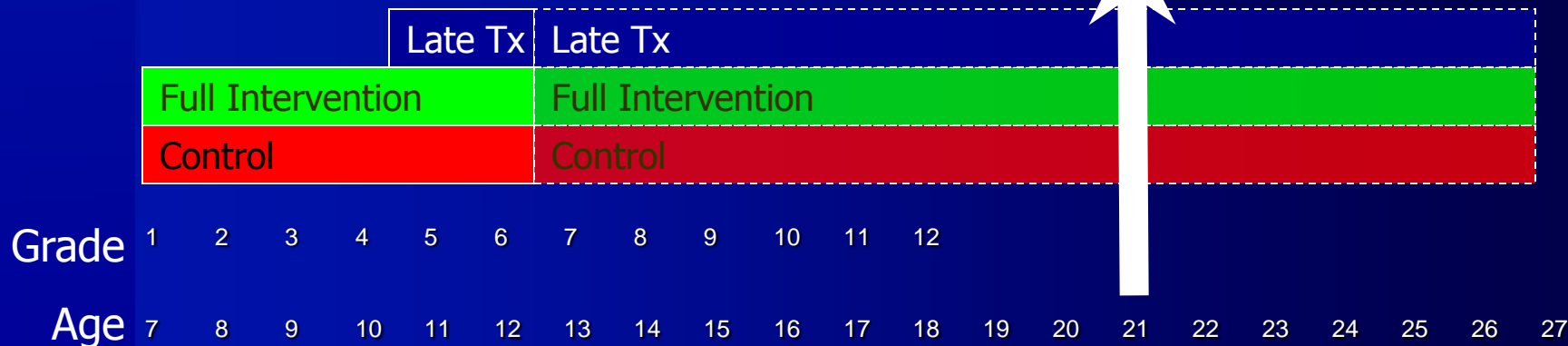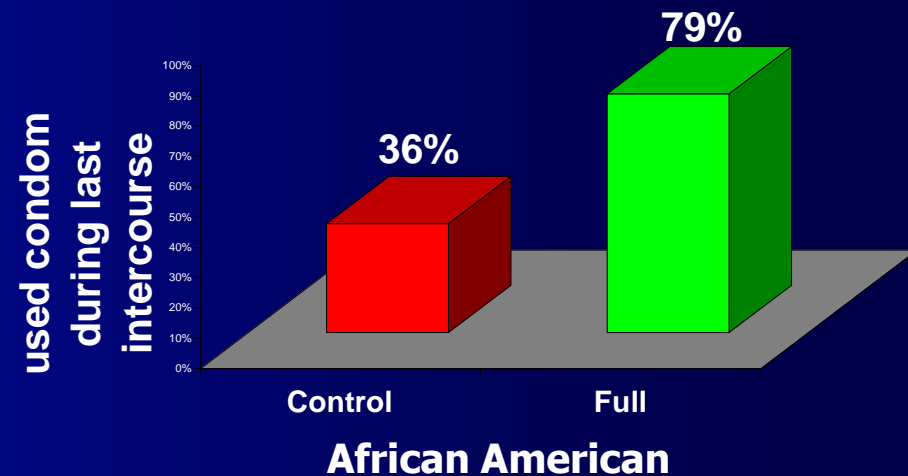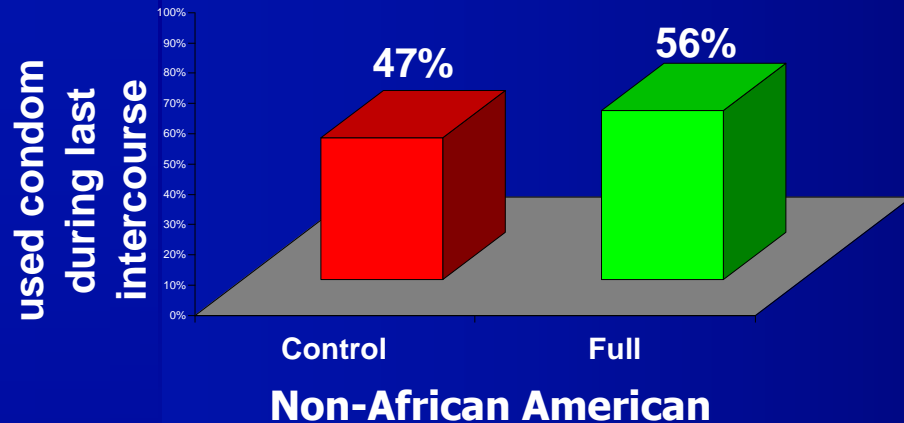
Effects on sexually transmitted infection onset through age 30.

Effects on sexually transmitted infections <u>by ethnicity</u>

Conclusions from SSDP's Test of Raising Healthy Children

- Increasing opportunities, skills and recognition for ALL children in the elementary grades can put more children on a positive developmental path that prevents violence and other risky behaviors.

- Parents and teachers trained to use the social development strategy can make a demonstrable difference that lasts into adulthood.

- The social development strategy appears to have greatest effects on those at greatest risk

Lists of Rigorously Tested and Effective Youth Violence and Substance Abuse Prevention Approaches

- **Blueprints for Violence Prevention**

  www.colorado.edu/cspv/blueprints/

- **Communities That Care Prevention Strategies Guide**

  http://preventionplatform.samhsa.gov